		2010 · 207-T
CLASS C A	MENDMENT FORM	255243
File the original with:		Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	EB 232015	i.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Sulte 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: February 18, 2015		
I have the following Certificate:		
Class C Taxi # Class C Char	ter#	Class C Charter Bus #
Class C Non-Emergency #8295		VEID
Please consider this as my request for the follo	wing amendment(s) to m	iy Certificate:' <b 2="" 2015<="" 5="" td=""></b>
Name Change		CLERK'S OFFICE
From: Aging Gracefully, Senior Care Services, LLC	DBA:	
(Current Name)	(Cu	rrent DBA if applicable)
TO: Aging Gracefully, Senior Care Services, LLC	DBA: Graceful Embrace, I	
(New Name)	(Ne	ew DBA if applicable)
Scope of Authority		
From:	To:	
(Current Scope)	(Ne	w Scope)
Passenger Limit		
From: 12	To: 15	
(Current Limit Number)		Limit Number)
Aging Gracefully, SCS/Graceful Embrace, DDP	4003 Ladson Road	
Name & DBA if DBA is applicable)	(Street and/o	or Mailing Address)
Ladson, SC 29456	anal	Rooman
(City, State, Zip Code)	Osi	gnature)
843-873-5121	Angela Rooman, RN	I/Executive Director
(Telephone Number)	(Title)	Owner, President, etc.